Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) FLORIDA FARM BUREAU FEDERATION FEDPAC 5700 SW 34 Street ADDRESS (number and street) (Check if address is changed) Gainesville FL 32608 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bob.richardson@ffbf.org (Check if address is changed) Optional Second E-Mail Address liza.bradford@ffbf.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2014 C00283572 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert Richardson Type or Print Name of Treasurer Robert Richardson [Electronically Filed] 09 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100